

# HEALTH EQUITY EQUATION NEWSBRIEF

March 2017

## NEWS:

The **Nebraska Health Dashboards** now have information about Disparities in Health Data among Nebraska Racial/Ethnic Groups and Geographic Areas. [LINK](#)

## RESOURCE:

[\*\*BUILDING an ORGANIZATIONAL RESPONSE to HEALTH DISPARITIES \(link\)\*\*](#)

## COMING EVENT:

April is the National Minority Health Month:  
[\*\*2017 Theme: Bridging Health Equity Across Communities \(link\)\*\*](#)

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## WHAT IS HAPPENING IN DHHS?

***Nebraska to participate in multi-state equity practices pilot and evaluation project:*** In the Division of Public Health, a project team is forming to join a short-term pilot and evaluation project. The Team will study the document called **Foundational Practices for Health Equity: A Learning and Action Tool**. The 40-page document describes seven foundational organizational practices for health equity. Find the website for the tool here: [COIIN-HRSA Foundational](#). Nebraska team members will make recommendations and trial strategies for implementing the tool, which parts to implement, and where in our organization the tool might be tested. The pilot and evaluation will involve team participation in a virtual focus group and interviews with the evaluator, the Michigan Public Health Institute. This work will contribute to the Division of Public Health Strategic Plan: Equity Priority, as well as the Nebraska 2017-2021 State Health Improvement Plan: Equity Priority. Leading the Nebraska team in the pilot project will be Josie Rodriguez and her staff in the Office of Health Disparities and Health Equity. The pilot project will be conducted between April 1, 2017 and September 1, 2017. [For more information, contact Josie Rodriguez.](#)

***The System of Care (“SOC”, Division of Behavioral Health) is not a program, but a different way of doing business.*** At its core, SOC builds upon interagency and cross-discipline collaboration to ensure service and supports to youth who experience behavioral health challenges are individualized and strengths-based, culturally appropriate, community-based and are designed and driven by full participation of families at all levels. Cultural competence builds on the notion that in order to work effectively with a child and family, there must be an understanding of the family’s culture, race, values, and ethnic background. The SOC work plan includes efforts to support cultural competence and CLAS standards, either as standalone action items or infused into the desired outcomes of the SOC. [For more information about the SOC and efforts to increase cultural competency among child and family serving systems in Nebraska please contact Bernie Hascall, SOC Administrator at 402-449-2219.](#)

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## Working Definition of “Health Equity”:

Health Equity is when people have full and equal access to opportunities that enable them to lead healthy lives. Achieving health equity involves an underlying commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants.

Share YOUR program updates on Equity activities here! Contact [mciahfeedback@nebraska.gov](mailto:mciahfeedback@nebraska.gov) with your updates for our next edition!

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**CoIIN SDOH group\* tests CLAS assessment tool (Division of Public Health):** This work group is spending the first half of 2017 evaluating and testing assessment instruments for use in organizations in order to achieve health equity and reduce unfair and unjust differences in opportunities and outcomes between groups. On such test is underway in the Office of Epidemiology and Informatics, where a staff group has agreed to participate in a short assessment activity. Through a survey, the group will establish a baseline of perceptions regarding the extent to which CLAS (Cultural and Linguistically Appropriate Services) standards are being implemented within the program. Participants then review their choice of several brief educational tools regarding CLAS standards, and later respond to a follow up survey. The results of the small-scale test are expected to contribute to a greater understanding of how program employees view CLAS standards, respond to educational materials about CLAS, and perceive their capacity to serve diverse clientele. The CoIIN SDOH group expects to review results and make recommendations whether the method should be used again, revised, or retired. Are you up-to-date on national CLAS standards? Find them here: [Enhanced National CLAS Standards](#). \* Short for the national Collaboration and Innovation Implementation Network (CoIIN) for Social Determinants of Health (SDOH). For more information, contact Kathy Karsting or Mai Dang.

**Don't Miss the 2017 Minority Health Conference (Division of Public Health):** Just us as Nebraskans come together for “Expanding Your Lens to Advance Health Equity,” on April 19, 2017 at the Cornhusker Marriott Hotel in downtown Lincoln. The full-day conference agenda is packed with five learning tracks and national speakers giving keynote addresses. Learning Tracks are: Data to Inform Change, Place Matters, Health Through a Cultural Lens, the Changing Health Care Landscape, and Community Outreach. Of special note is a keynote panel after lunch comprised of representatives of Nebraska’s three managed care organizations delivering Heritage Health, Nebraska’s Medicaid program, speaking on how managed care plans are working to improve health outcomes for Nebraska’s minority populations. Other national speakers include Jeanne Ayers, Assistant Commissioner of Health in Minnesota, and William Jahmal Miller, Deputy Director of the Office of Health Equity, California Department of Health. Don’t miss this opportunity to collaborate and network with other equity workers and advocates! For more information on the conference, go to: [Minority-Health-Conference](#).